

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHFP000

Company Number

Company I	name in	full
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77	CO I	8		

OXFORD	INSTRUMENTS	PLC	

Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

From To Day Month Year Year Month Day 019 20002 0 9 20012

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

0000000000	000.11.001.	,
ORDINARY	ORDINARY	
145	22	
fo.osp	£0.05p	
€1.39	<u>€</u> 1.87	

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash please state:

% that each share is to be treated as paid up

Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)

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When you have completed and signed the form send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh



Form revised January 2000

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details	Shares and share o	class allotted
Name	Class of shares	
DOUGLAS PETER WHITING	allotted	allotted
Address		
41 TENNYSON DRIVE	ORDINARY	F31
LABINGDON, OXON	GEODINARS	<u> </u>
UK Postcode 心区止止50点		
Name	Class of shares allotted	Number allotted
Address		
		L
UK Postcode	L	<u> </u>
Name	Class of shares allotted	Number allotted
Address		
		L
UK Postcode டடடடடட	L	<u> </u>
Name	Class of shares allotted	Number allotted
Address		
		L
UK Postcode டடடடட	L	
Name	Class of shares allotted	Number allotted
Address	-	
1		
UK Postcode		<u> </u>
Please enter the number of continuation sheets (if any) attached to this	form	
Signed Da	ite 35/9/02	
A director / secretary / administrator / administrative receiver / receiver manager / rece	iver Please o	lelete as appropriate

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

	DELLA GORHI	AM, OLD	STATIO	N WA	۷,
	EYNSHAM,				
				•	884657
DX number DX exchange					